

# AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC ☐ CLEC ☐ ILEC ☒ Wireless

236265

## CERTIFICATED COMPANY INFORMATION

Working Assets Funding Service, Inc.  
 Company Name  
 Credo  
 DBA/fka  
 101 Market St., Suite 700  
 Mailing Address  
 San Francisco, CA 94105  
 City, State, Zip Code  
 Same as mailing address  
 Business Location  
 City, State, Zip Code  
 County

## REGISTERED AGENT INFORMATION

Registered Agent: CT Corporation System  
 Mailing Address: 2 Office Park Court, Suite 103  
 City, State, Zip Code: Columbia, SC 29223

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. N/A  
**General Manager** (Include address if different than above.)  
 Telephone Number / Facsimile Number / E-mail Address
- B. 800-788-0898  
**Customer Relations /Complaints Representative** (Include address if different than above.)  
 Telephone Number / Facsimile Number / E-mail Address
- C1. 800-788-0898  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include address if different than above.)  
 Telephone Number / Facsimile Number / E-mail Address
- C2. 800-788-0898  
**Customer Contact (Toll Free Number)**
- D. N/A  
**Engineering Operations** (Include address if different than above.)  
 Telephone Number / Facsimile Number / E-mail Address
- E. N/A  
**Test and Repair** (Include address if different than above.)  
 Telephone Number / Facsimile Number / E-mail Address

F. N/A  
**Emergencies** (During non-office hours)  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. Jean Parker  
**Regulatory Officer** (Include address if different than above.)  
415-369-2053 / 415-371-1048 / jparker@wafs.com  
Telephone Number Facsimile Number E-mail Address

H. N/A  
**Dual Party Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. N/A  
**Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. Rita Semyonov  
**Universal Service Fund Mailings** (Name)  
Same as above  
Mailing Address  
415-369-2005 / 415-371-1048 / rsemyono@wafs.com  
Telephone Number Facsimile Number E-mail Address

K. Jean Parker  
**Gross Receipts Mailings** (Name)  
Same as above  
Mailing Address  
415-369-2053 / 415-371-1048 / jparker@wafs.com  
Telephone Number Facsimile Number E-mail Address

L. N/A  
**Lifeline Mailings** (Name)  
\_\_\_\_\_  
Mailing Address  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

Jean Parker  
This form was completed by (print name)

Legal Director  
Title

  
Signature

03/26/2012  
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Clerk's Office  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

(Rev. PSC 11/2010)